

DISABILITY APPLICATION QUESTIONNAIRE

Please complete this form.

1. Spouses Name _____
2. Date of Medical Certificate ____/____/____
3. Are you now a resident of Arizona? Yes _____ No _____
4. Date you established residence in Arizona. ____/____/____
5. Where in state did you first establish residence? City/Town _____ County _____
6. Do you own real estate in Coconino County? Yes _____ No _____
7. Parcel number(s)? _____
8. Do you own real estate in any other county? Yes _____ No _____ What county? _____
9. Do you own real estate jointly with your son or daughter? Yes _____ No _____
10. If yes, does your son or daughter live with you? Yes _____ No _____
11. List all vehicles, year(s) & make(s) _____
12. Do you have part-time or full-time work? Yes _____ No _____
What were your earnings last year? _____
Do you have other income: rentals, interest? _____
Dividends, Civil Service Pension or Other. _____
13. Your Children:
How many under 21 are living with you? _____
How many over 21 are living with you? _____
Do any of the children living at home have part-time or full-time employment? Yes _____ No _____
If yes, what were their total earnings last year? _____
14. Do you own a business? Yes _____ No _____
Name & Address _____

APPLICANTS NAME AND CURRENT ADDRESS:

PHONE #: _____

SIGNATURE

DATE